

113TH CONGRESS }      HOUSE OF REPRESENTATIVES    {      REPORT  
2d Session    113-475

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PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 4870) MAKING APPROPRIATIONS FOR THE DEPARTMENT OF DEFENSE FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2015, AND FOR OTHER PURPOSES, AND PROVIDING FOR CONSIDERATION OF THE SENATE AMENDMENTS TO THE BILL (H.R. 3230) MAKING CONTINUING APPROPRIATIONS DURING A GOVERNMENT SHUTDOWN TO PROVIDE PAY AND ALLOWANCES TO MEMBERS OF THE RESERVE COMPONENTS OF THE ARMED FORCES WHO PERFORM INACTIVE-DUTY TRAINING DURING SUCH PERIOD

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JUNE 17, 2014.—Referred to the House Calendar and ordered to be printed

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Mr. NUGENT, from the Committee on Rules,  
submitted the following

## R E P O R T

[To accompany H. Res. 628]

The Committee on Rules, having had under consideration House Resolution 628, by a record vote of 9 to 3, report the same to the House with the recommendation that the resolution be adopted.

### SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 4870, the Department of Defense Appropriations Act, 2015, under a modified-open rule. The resolution provides one hour of general debate equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations. The resolution waives all points of order against consideration of the bill. The resolution waives points of order against provisions in the bill for failure to comply with clause 2 of rule XXI. The resolution provides that after general debate the bill shall be considered for amendment under the five-minute rule. During consideration of the bill for amendment: (1) amendments shall be debatable for 10 minutes equally divided and controlled by the proponent and an opponent and shall not be subject to amendment; and (2) no pro forma amendment shall be in order except that the chair and ranking minority member of the Committee on Appropriations or their respective designees may offer up to 10 pro forma amendments each at any point for the purpose of debate. Under the Rules of the House the bill shall be read for amendment by paragraph. The resolution authorizes the Chair to accord priority in recognition to Members who have pre-printed their amendments in the Congressional Record.

The resolution provides one motion to recommit with or without instructions.

Section 2 of the resolution provides for the consideration of the Senate amendments to H.R. 3230. The resolution makes in order a single motion offered by the chair of the Committee on Veterans' Affairs or his designee that the House concur in the Senate title amendment and concur in the Senate amendment to the text with the amendment printed in this report. The resolution waives all points of order against consideration of the motion; provides that the motion is not subject to a demand for division of the question; and provides that the motion is not subject to a question of consideration. The resolution provides that the Senate amendments and the motion shall be considered as read. The resolution provides one hour of debate on the motion equally divided and controlled by the chair and ranking minority member of the Committee on Veterans' Affairs. The resolution provides that if the motion is adopted, the chair of the Committee on Veterans' Affairs or his designee is then authorized to move that the House insist on its amendment to the Senate amendment to the text and request a conference with the Senate thereon.

#### EXPLANATION OF WAIVERS

The waiver of all points of order against consideration of H.R. 4870 includes a waiver of clause 4(c) of rule XIII, which prohibits consideration of a general appropriations bill reported by the Committee on Appropriations from being considered in the House until the third calendar day on which printed hearings of the Committee on Appropriations thereon have been available to Members, and section 306 of the Congressional Budget Act, which prohibits consideration of legislation within the jurisdiction of the Committee on the Budget unless referred to or reported by the Budget Committee.

The resolution includes a waiver of points of order against provisions in H.R. 4870 for failure to comply with clause 2 of rule XXI, which prohibits unauthorized appropriations or legislative provisions in an appropriations bill. The waiver is necessary because the bill contains unauthorized appropriations and legislative provisions included in the bill.

Although the resolution waives all points of order against consideration of the motion to concur in the Senate title amendment and to concur in the Senate amendment to the text of H.R. 3230, with the amendment printed in this report, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

#### COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

##### *Rules Committee record vote No. 141*

Motion by Mr. Bishop of Utah to report the rule. Adopted: 9–3.

Majority Members	Vote	Minority Members	Vote
Ms. Foxx .....	Yea	Ms. Slaughter .....	Nay
Mr. Bishop of Utah .....	Yea	Mr. McGovern .....	Nay

Majority Members	Vote	Minority Members	Vote
Mr. Cole .....	Yea	Mr. Hastings of Florida .....	Nay
Mr. Woodall .....	Yea	Mr. Polis .....	.....
Mr. Nugent .....	Yea		
Mr. Webster .....	Yea		
Ms. Ros-Lehtinen .....	Yea		
Mr. Burgess .....	Yea		
Mr. Sessions, Chairman .....	Yea		

**SUMMARY OF THE HOUSE AMENDMENT TO THE SENATE AMENDMENT  
TO THE TEXT OF H.R. 3230**

Includes the text of H.R. 4810 and H.R. 4031, as passed by the House, with a modification.

**TEXT OF THE HOUSE AMENDMENT TO THE SENATE AMENDMENT TO  
THE TEXT OF H.R. 3230**

In lieu of the matter proposed to be inserted by the amendment of the Senate to the text of the bill, insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Veteran Access to Care Act of 2014”.

**SEC. 2. PROVISION OF HOSPITAL CARE AND MEDICAL SERVICES AT  
NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES  
FOR DEPARTMENT OF VETERANS AFFAIRS PATIENTS  
WITH EXTENDED WAITING TIMES FOR APPOINTMENTS AT  
DEPARTMENT FACILITIES.**

(a) IN GENERAL.—As authorized by section 1710 of title 38, United States Code, the Secretary of Veterans Affairs (in this Act referred to as the “Secretary”) shall enter into contracts with such non-Department facilities as may be necessary in order to furnish hospital care and medical services to covered veterans who are eligible for such care and services under chapter 17 of title 38, United States Code. To the greatest extent possible, the Secretary shall carry out this section using contracts entered into before the date of the enactment of this Act.

(b) COVERED VETERANS.—For purposes of this section, the term “covered veteran” means a veteran—

(1) who is enrolled in the patient enrollment system under section 1705 of title 38, United States Code;

(2) who—

(A) has waited longer than the wait-time goals of the Veterans Health Administration (as of June 1, 2014) for an appointment for hospital care or medical services in a facility of the Department;

(B) has been notified by a facility of the Department that an appointment for hospital care or medical services is not available within such wait-time goals; or

(C) resides more than 40 miles from the medical facility of the Department of Veterans Affairs, including a community-based outpatient clinic, that is closest to the residence of the veteran; and

(3) who makes an election to receive such care or services in a non-Department facility.

(c) FOLLOW-UP CARE.—In carrying out this section, the Secretary shall ensure that, at the election of a covered veteran who receives

hospital care or medical services at a non-Department facility in an episode of care under this section, the veteran receives such hospital care and medical services at such non-Department facility through the completion of the episode of care (but for a period not exceeding 60 days), including all specialty and ancillary services deemed necessary as part of the treatment recommended in the course of such hospital care or medical services.

(d) REPORT.—The Secretary shall submit to Congress a quarterly report on hospital care and medical services furnished pursuant to this section. Such report shall include information, for the quarter covered by the report, regarding—

- (1) the number of veterans who received care or services at non-Department facilities pursuant to this section;
- (2) the number of veterans who were eligible to receive care or services pursuant to this section but who elected to continue waiting for an appointment at a Department facility;
- (3) the purchase methods used to provide the care and services at non-Department facilities, including the rate of payment for individual authorizations for such care and services; and
- (4) any other matters the Secretary determines appropriate.

(e) DEFINITIONS.—For purposes of this section, the terms “facilities of the Department”, “non-Department facilities”, “hospital care”, and “medical services” have the meanings given such terms in section 1701 of title 38, United States Code.

(f) IMPLEMENTATION.—The Secretary shall begin implementing this section on the date of the enactment of this Act.

(g) CONSTRUCTION.—Nothing in this section shall be construed to authorize payment for care or services not otherwise covered under chapter 17 of title 38, United States Code.

(h) TERMINATION.—The authority of the Secretary under this section shall terminate with respect to any hospital care or medical services furnished after the end of the 2-year period beginning on the date of the enactment of this Act, except that in the case of an episode of care for which hospital care or medical services is furnished in a non-Department facility pursuant to this section before the end of such period, such termination shall not apply to such care and services furnished during the remainder of such episode of care but not to exceed a period of 60 days.

### **SEC. 3. EXPANDED ACCESS TO HOSPITAL CARE AND MEDICAL SERVICES.**

(a) IN GENERAL.—To the extent that appropriations are available for the Veterans Health Administration of the Department of Veterans Affairs for medical services, to the extent that the Secretary of Veterans Affairs is unable to provide access, within the wait-time goals of the Veterans Health Administration (as of June 1, 2014), to hospital care or medical services to a covered veteran who is eligible for such care or services under chapter 17 of title 38, United States Code, under contracts described in section 2, the Secretary shall reimburse any non-Department facility with which the Secretary has not entered into a contract to furnish hospital care or medical services for furnishing such hospital care or medical services to such veteran, if the veteran elects to receive such care or services from the non-Department facility. The Secretary shall

reimburse the facility for the care or services furnished to the veteran at the greatest of the following rates:

(1) VA PAYMENT RATE.—The rate of reimbursement for such care or services established by the Secretary of Veterans Affairs.

(2) MEDICARE PAYMENT RATE.—The payment rate for such care or services or comparable care or services under the Medicare program under title XVIII of the Social Security Act.

(3) TRICARE PAYMENT RATE.—The reimbursement rate for such care or services furnished to a member of the Armed Forces under chapter 55 of title 10, United States Code.

(b) COVERED VETERANS.—For purposes of this section, the term “covered veteran” means a veteran—

(1) who is enrolled in the patient enrollment system under section 1705 of title 38, United States Code; and

(2) who—

(A) has waited longer than the wait-time goals of the Veterans Health Administration (as of June 1, 2014) for an appointment for hospital care or medical services in a facility of the Department;

(B) has been notified by a facility of the Department that an appointment for hospital care or medical services is not available within such wait-time goals after the date for which the veteran requests the appointment; or

(C) who resides more than 40 miles from the medical facility of the Department of Veterans Affairs, including a community-based outpatient clinic, that is closest to the residence of the veteran.

(c) DEFINITIONS.—For purposes of this section, the terms “facilities of the Department”, “non-Department facilities”, “hospital care”, and “medical services” have the meanings given such terms in section 1701 of title 38, United States Code.

(d) IMPLEMENTATION.—The Secretary shall begin implementing this section on the date of the enactment of this Act.

(e) CONSTRUCTION.—Nothing in this section shall be construed to authorize payment for care or services not otherwise covered under chapter 17 of title 38, United States Code.

(f) TERMINATION.—The authority of the Secretary under this section shall terminate with respect to care or services furnished after the date that is 2 years after the date of the enactment of this Act.

#### **SEC. 4. INDEPENDENT ASSESSMENT OF VETERANS HEALTH ADMINISTRATION PERFORMANCE.**

(a) INDEPENDENT ASSESSMENT REQUIRED.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract or contracts with a private sector entity or entities with experience in the delivery systems of the Veterans Health Administration and the private sector and in health care management to conduct an independent assessment of hospital care and medical services furnished in medical facilities of the Department of Veterans Affairs. Such assessment shall address each of the following:

(1) The current and projected demographics and unique care needs of the patient population served by the Department of Veterans Affairs.

(2) The current and projected health care capabilities and resources of the Department, including hospital care and medical services furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to eligible veterans.

(3) The authorities and mechanisms under which the Secretary may furnish hospital care and medical services at non-Department facilities, including an assessment of whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

(4) The appropriate system-wide access standard applicable to hospital care and medical services furnished by and through the Department of Veterans Affairs and recommendations relating to access standards specific to individual specialties and standards for post-care rehabilitation.

(5) The current organization, processes, and tools used to support clinical staffing and documentation.

(6) The staffing levels and productivity standards, including a comparison with industry performance percentiles.

(7) Information technology strategies of the Veterans Health Administration, including an identification of technology weaknesses and opportunities, especially as they apply to clinical documentation of hospital care and medical services provided in non-Department facilities.

(8) Business processes of the Veterans Health Administration, including non-Department care, insurance identification, third-party revenue collection, and vendor reimbursement.

(b) ASSESSMENT OUTCOMES.—The assessment conducted pursuant to subsection (a) shall include the following:

(1) An identification of improvement areas outlined both qualitatively and quantitatively, taking into consideration Department of Veterans Affairs directives and industry benchmarks from outside the Federal Government.

(2) Recommendations for how to address the improvement areas identified under paragraph (1) relating to structure, accountability, process changes, technology, and other relevant drivers of performance.

(3) The business case associated with making the improvements and recommendations identified in paragraphs (1) and (2).

(4) Findings and supporting analysis on how credible conclusions were established.

(c) PROGRAM INTEGRATOR.—If the Secretary enters into contracts with more than one private sector entity under subsection (a), the Secretary shall designate one such entity as the program integrator. The program integrator shall be responsible for coordinating the outcomes of the assessments conducted by the private entities pursuant to such contracts.

(d) SUBMITTAL OF REPORTS TO CONGRESS.—

(1) REPORT ON INDEPENDENT ASSESSMENT.—Not later than 10 months after entering into the contract under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives the find-

ings and recommendations of the independent assessment required by such subsection.

(2) REPORT ON VA ACTION PLAN TO IMPLEMENT RECOMMENDATIONS IN ASSESSMENT.—Not later than 120 days after the date of submission of the report under paragraph (1), the Secretary shall submit to such Committees on the Secretary's response to the findings of the assessment and shall include an action plan, including a timeline, for fully implementing the recommendations of the assessment.

**SEC. 5. LIMITATION ON AWARDS AND BONUSES TO EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.**

For each of fiscal years 2014 through 2016, the Secretary of Veterans Affairs may not pay awards or bonuses under chapter 45 or 53 of title 5, United States Code, or any other awards or bonuses authorized under such title.

**SEC. 6. OMB ESTIMATE OF BUDGETARY EFFECTS AND NEEDED TRANSFER AUTHORITY.**

Not later than 30 days after the date of the enactment of this Act, the Director of the Office of Management and Budget shall transmit to the Committees on Appropriations, the Budget, and Veterans' Affairs of the House of Representatives and of the Senate—

- (1) an estimate of the budgetary effects of sections 2 and 3;
- (2) any transfer authority needed to utilize the savings from section 5 to satisfy such budgetary effects; and
- (3) if necessary, a request for any additional budgetary resources, or transfers or reprogramming of existing budgetary resources, necessary to provide funding for sections 2 and 3.

**SEC. 7. REMOVAL OF SENIOR EXECUTIVE SERVICE EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS FOR PERFORMANCE.**

(a) IN GENERAL.—Chapter 7 of title 38, United States Code, is amended by adding at the end the following new section:

**“§ 713. Senior Executive Service: removal based on performance**

“(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary may remove any individual from the Senior Executive Service if the Secretary determines the performance of the individual warrants such removal. If the Secretary so removes such an individual, the Secretary may—

- “(1) remove the individual from Federal service; or
- “(2) transfer the individual to a General Schedule position at any grade of the General Schedule the Secretary determines appropriate.

“(b) NOTICE TO CONGRESS.—Not later than 30 days after removing an individual from the Senior Executive Service under paragraph (1), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives notice in writing of such removal and the reason for such removal.

“(c) MANNER OF REMOVAL.—A removal under this section shall be done in the same manner as the removal of a professional staff member employed by a Member of Congress.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“713. Senior Executive Service: removal based on performance.”.

**SEC. 8. BUDGETARY EFFECTS OF ACT.**

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

